



E. ALBERT,
HELDERNUN
BORN
OCT. 8, 1860.
DIED
NOV. 10, 1885.

*Donated by the family of
the deceased to the American
Red Cross.*



E. ALBERT
HELDERMON
EDWIN
OCT. 5. 1860
DIED
MAY 19. 1865

Small, faint text at the bottom of the label, possibly a signature or address.

E. ALBERT
HELDERMON
BORN
OCT. 5. 1850
DIED
MAY 19. 1885

Interred in the
Cemetery of the
City of New York



E. ALBERT
HELDERMON
BORN
OCT. 6, 1860.
DIED
DEC. 19, 1889.

Rest in Peace
Buried in the
Catholic Cemetery



IA
MON
22

CHARLES WILLIAM
HEISE
JUNE 2, 1865
FEB. 10, 1926

LOTTIE JANE
HEISE
JAN. 4, 1871
FEB. 28, 1940

FRED
BORN
JUNE 18, 1838
DIED MAR. 19, 1915









JOHN
BETHEL
BOLLINGER
Born
Aug. 1, 1842
Died

Feb. 9, 1902
The

Gravestone

Stone with inscription
on the front and sides
of the monument
The stone is made of
granite and is set in
the ground by the
family of the deceased



Mr. and Mrs. Charles Linahan
announce the marriage of their daughter
Marjorie
to

Mr. Oscar William Meier
on Monday, the twenty-eighth day of May
one thousand nine hundred and twenty-eight
Saint Louis

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 761 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Length of stay in 1b 2 Yrs.		c. CITY OR TOWN Ferguson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #4 Sassafras Lane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #4 Sassafras Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DENVER Middle STEWART Last BOLLINGER				4. DATE OF DEATH Month 3 Day 3 Year 60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-22-79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Oak Ridge, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis Bollinger		13b. MOTHER'S MAIDEN NAME Margaret Stewart		14. NAME OF HUSBAND OR WIFE Bertha J. Heldermann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT L. S. Bollinger Ferguson, 35 Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) myocardial infarction DUE TO (b) coronary thrombosis DUE TO (c) arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 10 years	
19. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/28/59 to 3/3/60 and last saw him alive on 12/28/59 Death occurred at 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John T. Steele, M.D.		22b. ADDRESS 40 N. Florissant		22c. DATE SIGNED 3/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-5-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant, Ferguson		25. DATE RECD. BY LOCAL REG. 3-5-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.			

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS COUNTY HEALTH DEPARTMENT

801 SO. BRENTWOOD BOULEVARD

C. HOWE ELLER, M. D., DR. P. H.
COMMISSIONER OF HEALTH

CLAYTON S. MISSOURI
PARKVIEW 6.1100

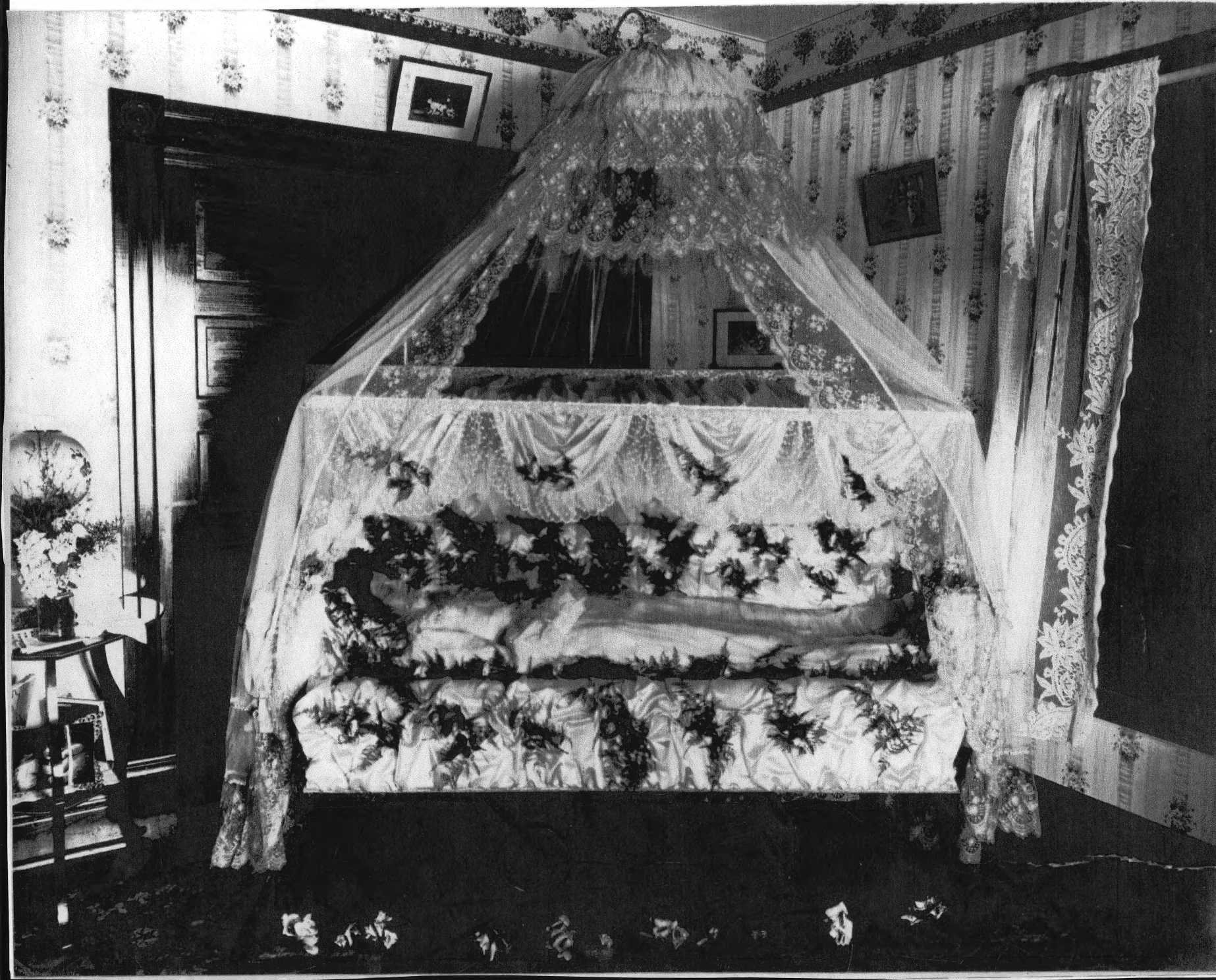
JOHN C. MURPHY, M. D.
ASSISTANT COMMISSIONER

I certify that this photograph, when impressed with the seal of the St. Louis County Health Commissioner, is a true and correct copy of a death record, the original of which is on file in the State Bureau of Vital Statistics. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Health Commissioner,

**John C. Murphy, M.D., Assistant Commissioner of Health
Registrar of Vital Statistics**

No. **02656**

Per









Lynn S. Bollinger - the kid
at the top - said knew
why he went down with
the other kids - your
Grandfather dinner in front of
your Dad.

Uncle Gus Kule, - 4 boys
Dale & Dale - are the twins
(Gus Kule - Cape Generation)

Uncle Gilbert Kule - his boys -
lived near Zelma Mo.

There was a Family Reunion
held at the house on Perryville
Rd - Cape - The house we have
the big picture of -
made about 1913.







FUNERAL NOTICE.

DIED

In Cape Girardeau, Sunday, June 25, 1905,
at 12:30 A. M.,

MRS. JOHANNE HEISE,

Aged 66 years, 2 months and 9 days.

Funeral will take place from the Lutheran church at 2 o'clock Tuesday afternoon, June 27, 1905, to new Lutheran cemetery.

Friends and acquaintances are invited to attend.



Moore & Holmes, JACKSON and LUTESVILLE, MO.





May 16, 1831

Aug 30, 1836

CHARLES WILLIAM
HEISE
JUNE 2, 1865
FEB. 10, 1926

LOTTIE JANE
HEISE
JAN. 4, 1871
FEB. 28, 1940


ROSE

HOWARD

SEPT 27 1876

JULY 21 1914

ELIZABETH



E. ALBERT
HELDERMAN
BORN
OCT. 6. 1860.
DIED
MAY 19. 1889.

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

124 - 96 300327

REGISTRATION DISTRICT NO.

REGISTRAR'S NUMBER

INSTRUCTIONS
SEE OTHER SIDE
AND HANDBOOK.

DECEDENT

VS 300
Rev. 4/90
MO 580-0695
(4-90)

FOR USE BY PHYSICIAN OR INSTITUTION
NAME OF DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) VIRGINIA E. BOLLINGER				2. SEX FEMALE		3. DATE OF DEATH (Month, Day, Year) JANUARY 16, 1996	
4. SOCIAL SECURITY NO. 496-36-2400		5a. AGE - Last Birthday (Years) 92	5b. UNDER 1 YEAR MONTHS DAYS	5c. UNDER 1 DAY HOURS MINUTES	6. DATE OF BIRTH (Month, Day, Year) JANUARY 7, 1904		7. BIRTHPLACE (City and State or Foreign Country) ORAN, MISSOURI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.				9a. PLACE OF DEATH (check only one; see instructions on other side) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify)			
9b. FACILITY NAME (If not institution, give street and number) VILLAGE NORTH H.C.C.				9c. CITY, TOWN, OR LOCATION OF DEATH ST. LOUIS CO.		9d. COUNTY OF DEATH ST. LOUIS	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) LYNN S. BOLLINGER		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) HOMEMAKER		12b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
13a. RESIDENCE - STATE MISSOURI		13b. COUNTY ST. LOUIS		13c. CITY, TOWN, OR LOCATION ST. LOUIS CO.		13d. ZIP CODE 63136	
13e. STREET AND NUMBER 11160 VILLAGE NORTH DRIVE				13f. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13g. YEARS AT PRESENT ADDRESS <input checked="" type="checkbox"/> Under 5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20 or more	
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:				15. RACE - American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 YRS. College (1-4 or 5+) 2 YRS.	
17. FATHER'S NAME (First, Middle, Last) FRANCIS M. FRIEND				18. MOTHER'S NAME (First, Middle, Maiden Surname) AMELIA ROSENBERG			
19a. INFORMANT'S NAME (Type/Print) MRS. NANCY F. ADAMS				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. BOX 385 GODFREY, ILLINOIS 62035			
20a. BURIAL, CREMATION, OTHER (Specify) REMOVAL		20b. DATE OF DISPOSITION (Month, Day, Year) JAN. 18, 1996		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL PARK CEMETERY		20d. LOCATION - City or Town, State CAPE GIRARDEAU, MO.	
21. SIGNATURE OF FUNERAL SERVICE LICENSED OR PERSONAL SERVICE <i>[Signature]</i>		22a. NAME AND ADDRESS OF FACILITY WHITE-MULLEN MORTUARY 118 N. FLORISSANT RD. FERGUSON, MO. 63135		22b. FUNERAL ESTABLISHMENT LICENSE NUMBER 002402		23. PART I. Only the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Demenda - Alzheimer Type	
23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		27a. DATE OF INJURY (Month, Day, Year)		27b. TIME OF INJURY M		27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
27d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		27e. DESCRIBE HOW INJURY OCCURRED		27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)		27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
28a. (Specify) CERTIFYING PHYSICIAN		28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		28c. DATE SIGNED (Month, Day, Year) 1-18-96		28d. TIME OF DEATH 11:12 A. M	
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) STEPHEN MADZIMA MD 1245 Grove Rd. Ferguson MO 63033		29b. MO. LICENSE NUMBER RIE26		30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
32. REGISTRAR'S SIGNATURE <i>[Signature]</i>		33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) JAN 22 1996					

ST. LOUIS COUNTY DEPARTMENT OF HEALTH

111 SOUTH MERAMEC

CLAYTON, MISSOURI 63105

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(Do not accept if rephotographed, or if seal impression cannot be felt)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW

(Sec. 193.315, RSMo1986)

STATE OF MISSOURI

SS

COUNTY OF ST. LOUIS

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the ST. LOUIS COUNTY DEPARTMENT OF HEALTH this date of

JAN 22 1996

Registrar of Vital Statistics

Per CS